

Recd 10/23/15
AK

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER 47-5136152		REPORT FILED ON BEHALF OF <input checked="" type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Latinas for Justice			
STREET ADDRESS 1516 North Front Street			
CITY Reading		STATE PA	ZIP CODE 19601
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE none		DISTRICT NO.
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 09 23 2015 TO 10 19 2015		PARTY
	CASH BALANCE AT END OF REPORTING PERIOD: \$ _____ TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____		DATE OF ELECTION MO. DAY YEAR 11 03 2015
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FOR OFFICE USE ONLY

AFFIDAVIT SECTION

PART 1-

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DO NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.		COMMONWEALTH OF PENNSYLVANIA Notarial Seal Nancy Ann Rivera-Torres, Notary Public City of Reading, Berks County My Commission Expires March 24, 2017 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 23rd DAY OF Oct 20 15 Signature: <u><i>Nancy Ann Rivera-Torres</i></u> MY COMMISSION EXPIRES 03/24/2017 MO. DAY YR.		Signature of Person Submitting Report: <u><i>Raquel Reyes</i></u> PRINTED NAME: Raquel Reyes AREA CODE: 610 DAYTIME TELEPHONE NUMBER: 621-8180	

PART 11-

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF ____ 20__ Signature: _____ MY COMMISSION EXPIRES ____ MO. ____ DAY ____ YR.	
Signature of Candidate: _____ PRINTED NAME: _____ AREA CODE: _____ DAYTIME TELEPHONE NUMBER: _____	